

THE CITY OF FREDERICK
A Municipal Corporation of the
State of Maryland, et al.,

Plaintiffs

vs.

ALL UNKNOWN EXECUTORS, PERSONAL
REPRESENTATIVES, DEVISEES, HEIRS
AT LAW AND ASSIGNS OF:

JOHN W. GROVE, Deceased,
who died 9 December 1957,
et al.,

Defendants

IN THE

CIRCUIT COURT FOR

FREDERICK COUNTY, MARYLAND

NO. 33901 EQUITY

AFFIDAVIT OF SERVICE

STATE OF MARYLAND, COUNTY OF FREDERICK, SS:.

I HEREBY CERTIFY under the penalties of perjury as follows:

1. That I am a resident of the State of Maryland, that I am at least eighteen (18) years of age, and that I am not a party to the referenced matter.

2. That on 14 October 1983, I mailed, Certified Mail, Restricted Delivery, Return Receipt Requested, a copy of the Summons, Petition, Exhibits and Order of Publication in the referenced matter to the Defendant, Gwendolyn C. Grove, at her last known address of: 176 Highland Avenue, Edison, N. J. 08817.

3. That on 24 October 1983, the said Gwendolyn C. Grove received the same, as evidenced by the original return receipt executed by her, which is attached hereto and made a part hereof.

WITNESS my hand and seal.

[Signature]
HARRY T. deMOLL, Affiant
Co-Counsel for Plaintiffs
112 North Court Street
Frederick, MD. 21701
(301)662-1751/428-148

SWORN TO, before me, a Notary Public in and for the said, this 27th day of October 1983.

[Signature]
Notary Public

7/1/86

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☐ Show to whom and date delivered
☐ Show to whom, date, and address of delivery..
☒ **RESTRICTED DELIVERY**
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO:
 Gwendolyn C. Grove,
 176 Highland Avenue
 Edison, N.J. 08817

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
 P19 4681135

(Always obtain signature of addressee or agent)
 I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent
[Signature]

5. DATE OF DELIVERY
 OCT 24 1983
 USPS

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS
[Signature]

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL